



**OFFICE OF THE CHIEF PROCUREMENT OFFICER  
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018  
CHICAGO, ILLINOIS 60602-1375  
(312) 603-5370

THIS PURCHASE ORDER NUMBER  
MUST APPEAR ON ALL PACKAGES,  
INVOICES, SHIPPING PAPERS AND  
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO  
77788

WERFEN USA, LLC  
180 HARTWELL ROAD  
BEDFORD MA 01730

DATE  
4/23/2014  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**188311 - 000- OP**  
**REQUISITION NO.**  
00110564 07

**COOK COUNTY FEIN: 36-6006541**  
**ILLINOIS SALES TAX EXEMPT: E-9998-2013-04**  
**FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

**SHIP TO** Medical Examiner  
Robert J. Stein Institute  
2121 W. Harrison RM 143  
Chicago IL 60612-3706

**DELIVERY INSTRUCTIONS**  
MEDICAL EXAMINER OFFICE  
NADINE JAKUBOWSKI(312)997-4481

DEPT NO

71700259 Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	GEM OPL ANALYZER With 5 YR Warranty Warranty Includes Parts , Labor And Transportation To And From Gem Service Center In Bedford, MA	1.00 EA	10,000.0000	10,000.00	71700259.560431.8300
2.00	GEM OPL CUVETTES Werfen Quote# 31314 FOB Destination	100.00 EA	5.0000	500.00	71700259.560431.8300
***** Total Order *****				10,500.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

**RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)**

I hereby certify that I have received the goods/services reflected above and that the  
items referenced are in full conformity with the purchase order/contract.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that this purchase is in agreement with the requisition  
on file authorizing the expenditure and is properly approved.

**CHIEF PROCUREMENT OFFICER**

Date: \_\_\_\_\_

*Shm G. M.* 30 April 2014  
EKH